

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/183282

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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10						
11	1					
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13	1					
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	10					
TOTAL CLAIMS	15					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

5

10

15

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